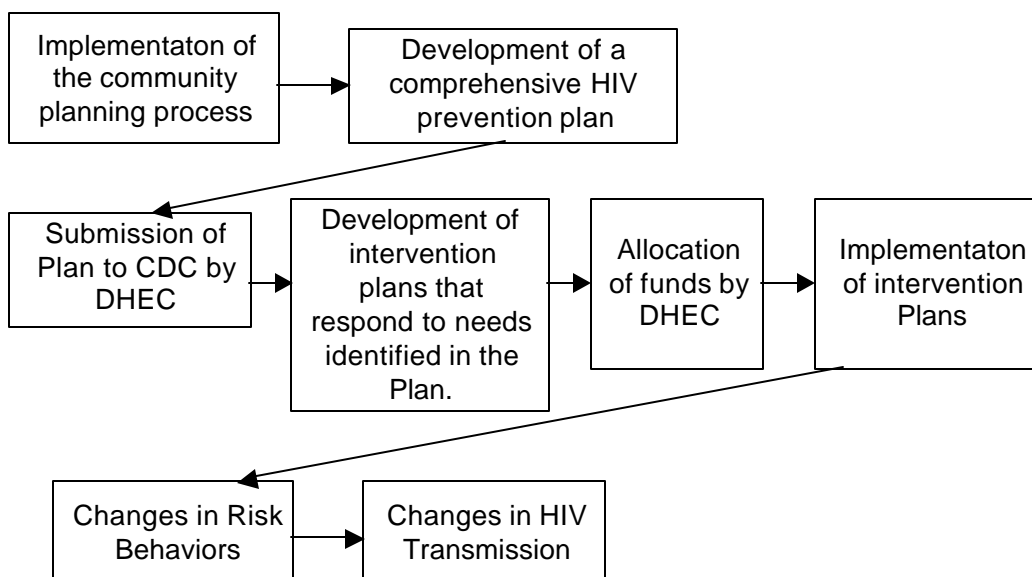


## CHAPTER 10: EVALUATING THE COMMUNITY PLANNING PROCESS

The HIV prevention community planning initiative is a participatory planning process intended to document South Carolina's HIV prevention needs, prioritize the needs, and identify ways for meeting them. The overarching intent of the initiative is to lay a foundation for the funding and implementation of interventions that are expected to reduce HIV risk behaviors among target populations and, eventually, to reduce HIV transmission in South Carolina. A successful evaluation of this initiative needs to systematically examine the crucial components and the linkages between them.

The eight components of HIV prevention programming shown in the framework below comprise the theoretical progression of events necessary to create a comprehensive HIV prevention program.



### Evaluating Community Planning

CDC requirements and suggestions regarding community planning evaluation are discussed at length in CDC's announcements for health department HIV prevention funding. See <http://www.scdhec.net/HS/diseasecont/stdwk/html/stdindex.htm> for linkages with community planning and CDC guidance.

There are three areas of evaluation that should be discussed in the evaluation plan: documentation of the community planning process related to the National Core Objectives for community planning; an assessment to ensure that community planning groups reflect the diversity of the epidemic in the jurisdiction, and that expertise in epidemiology, behavioral

science, health planning and evaluation are included in the process; and an assessment of how funds have been allocated.

### *National Core Objectives*

Part of the planning process includes organizing a community planning group (CPG) that is representative of the epidemic in South Carolina and, according to the requirements of this initiative, implements the following five core objectives:

Table 9.1

<b>Five Core Objectives of HIV Prevention Community Planning</b>	
1.	Foster the open and participatory nature of the community planning process.
2.	Ensure that the community planning group reflects the diversity of the epidemic in the state, and that experts in epidemiology, behavioral science, health planning, and evaluation are included in the process.
3.	Ensure that priority HIV prevention needs are determined based on an epidemiologic profile and a needs assessment.
4.	Ensure that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, social and behavioral science theory, and community norms and values.
5.	Foster strong, logical linkages between the community planning process, plans, application for funding, and the allocation of CDC HIV prevention resources.

The South Carolina HIV Prevention Community Planning Group (CPG) meets monthly to carry out the community planning process. It consist of a Community Co-Chair, DHEC Co-Chair, an Executive Committee, 30 members, and various other work committees.

Each year when DHEC's STD/HIV Division completes its funding application a summary description of activities carried out to ensure the community planning process according the National Core Objectives is discussed.

The table below summarizes by National Core Objective the specific data sources that are used, who is responsible, and how often the data is obtained.

<b>Evaluating the HIV Prevention Community Planning Process</b>			
<b>National Core Objective</b>	<b>Data Sources</b>	<b>Who</b>	<b>When</b>
Foster the open and participatory nature of the community planning process.	Presence of written policies or documentation of: <ul style="list-style-type: none"> <li>• Member recruitment, nomination, and selection</li> <li>• Meeting attendance and procedures.</li> <li>• Orientation procedures</li> <li>• Conflict resolution procedures.</li> <li>• Input from non-CPG members.</li> </ul>	CPG, Co-Chairs	Annually

	<ul style="list-style-type: none"> <li>• Facilitation of member participation.</li> <li>• Member training.</li> </ul> <p>Survey of CPG members' perspective on the process.</p>	DHEC evaluation staff administer and analyze data.	Annually
Ensure that the community planning group reflects the diversity of the epidemic in the state, and that experts in epidemiology, behavioral science, health planning, and evaluation are included in the process.	<p>Anonymous demographic survey to determine what groups/expertise are and are not represented (with member profile form).</p> <p>Survey of members' perspective on representation and experts' involvement (new).</p>	DHEC staff.	Annually
Ensure that priority HIV prevention needs are determined based on an epidemiologic profile and a needs assessment.	<p>Presence of written procedures for prioritizing.</p> <p>Presence of epidemiologic profile and needs assessment including:</p> <ul style="list-style-type: none"> <li>• Resource Inventory</li> <li>• Gap analysis</li> </ul>	DHEC staff	Annually
Ensure that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, social and behavioral science theory, and community norms and values	<p>Procedure for selecting interventions.</p> <p>Procedure for prioritizing interventions.</p> <p>Intervention effectiveness report.</p> <p>Funding allocation report.</p>	DHEC staff	Annually
Foster strong, logical linkages between the community planning process, plans, application for funding, and the allocation of CDC HIV prevention resources.	The <i>Table of Estimated Expenditures for HIV Prevention</i> is completed and provided in the yearly application for funds	DHEC staff	Annually

